

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 83
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Mitchell DO

Mailing Address 225 N Columbus Dr Apt 4210

City State Zip Code
Chicago IL 60601-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 22 / 2015

Transaction ID : 38420590

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Capt Teresa M. Brennan DO, MS

Mailing Address 7 Oceanside Dr

City State Zip Code
Saint Augustine FL 32080-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 22 / 2015

Transaction ID : 38420592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Taveau Sprague Horatio IV DO, MBA

Mailing Address 7110 Cokui Dr

City State Zip Code
Killeen TX 76542-5813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2015

Transaction ID : 38421283

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00